

The Yoke of Care: How Parents and Parents-in-law Experience, Understand and Respond to Adult Children's Gambling Problems

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Clinical commentaries and research studies have described the effects of problem gambling on families, but they have usually focused on immediate rather than extended family members. To offset this bias, the present study aimed to develop a deeper understanding of the various ways in which parents and parents-in-law experience and understand adult children's gambling problems. Thirteen parents and two parents-in-law volunteered to participate in the study. Their experiences and perspectives were explored through in-depth interviews, emails and telephone discussions. Findings from the study indicate that the repercussions of an adult child's gambling may damage parents and parents-in-law financially, complicate their family relationships and erode their health and wellbeing. Implications for formal service provision are discussed.

Key words: Gambling, Adult children, Parents

Australia has a large and expanding gambling industry and participation in gambling is high by international standards (Abbott & Volberg, 1999). How to balance the costs and benefits of the gambling boom is a key question that the Australian public arguably needs to address. Academic publications suggest that no simple answer is possible, since outcomes vary across individuals, groups and localities (Doughney, 2006; McMillen, 2006). This complexity being noted, it is clear that some individuals gamble beyond their means and disrupt many lives besides their own. The term "problem gambling" denotes gambling that goes beyond the bounds of recreation or entertainment and harms not only the gambler but also other parties. According to estimates in the Productivity Commission Report (1999), around 2.1% of Australian adults have moderate to severe gambling problems and their gambling behaviour is likely to have a direct effect on five to ten other people. Family members who are emotionally and financially tied to a problem gambler are obviously very vulnerable.

Unfortunately, the literature on the family is scant and largely concerns immediate family members; in particular, the gambler's partner and children (Darbyshire, Oster, & Carrig, 2001; Jacobs et al., 1989; Lorenz & Shuttlesworth, 1983; Lorenz & Yaffee, 1988; Patford, 2007). In some early clinical publications, these family members are considered to cope in pathological ways, thereby contributing to the genesis or maintenance of gambling problems (Heineman, 1989, 1994; Lorenz, 1987;

Lorenz, 1989). However, later publications dealing with addictive behaviours contend that family members' functioning is affected by stress (Krishnan & Orford, 2002; Orford, 1994; Orford et al., 1992; Orford et al., 1998; Velleman et al., 1993).

Evidence regarding family dysfunction and distress highlights the need for family-oriented services. In Australia, family members can now access problem gambling counselling services irrespective of whether the gambler chooses to do so. The quality of these services is a matter of debate. As Grant Kalischuk, Nowazki, Cardwell, Klein, and Solowoniuk (2006) argue, the problem gambler still holds centre stage and family treatment strategies are still largely adapted from work concerning other addictions.

The impact of problem gambling on extended family members

To spread the bounds of knowledge, the present study focused on extended family members. The literature on these family members is limited and largely observational in nature, reporting clinicians' assessments of individuals in treatment (Heineman, 1989, 1994; Lorenz, 1987). Predictably, the gambler's parents receive most attention. They are variously portrayed as victims who are manipulated and exploited by the gambler, facilitators who shield the gambler from reality (Wanda & Foxman, 1971; Lorenz, 1987) and informal helpers who offer sustained and sometimes fruitless support (Grant Kalischuk & Cardwell, 2004; Krishan & Orford, 2002; Orford, 1994).

Further studies of extended family members are timely, not only because of the limitations of current literature, but also because the demographics of gambling have changed. Recent studies, conducted in Australia and overseas (Hirsch, 2000; McNeilly & Burke, 2002; Morgan Research, 1997), suggest that older people and women are increasingly participating in gambling. By implication, more of these individuals will develop gambling problems. Increased gambling by older people may change a problem gambler's family situation, in the sense that parental gamblers may lose moral authority over their children and may even encourage their children's gambling by means of verbal comments and example. In light of traditional gender roles, in particular, women's involvement in household labour, child rearing and the care of elderly relatives (Horowitz, 1995; Bryson, in Jones, 1996, p.91; Persson in Jones, 1996, 91), it is reasonable to surmise that the repercussions of women's gambling problems will be significant for both immediate and extended family members.

Following the above, the present study targeted problem gamblers' parents and parents-in-law. The key research question was formulated as follows: "How do parents and parents-in-law experience, understand and respond to an adult child's gambling?" Essentially, the study sought to answer this question by engaging with these individuals directly and inviting them to describe their inner worlds.

Research Approach and Method

Research approach

The research approach was shaped by the research question, and, because this question concerned individual experiences, perceptions, meanings and interpretations, a qualitative approach was preferred.

Participants

The present study was conducted in Tasmania and gained ethical clearance from the University of Tasmania. Recruitment strategies aimed to attract participants from different walks of life who could provide "... substantial contributions to filling out the structure and character of the experience under investigation" (Polkinghorne, 2005, p. 139). These strategies included (i) leafleting homes in suburbs with various socioeconomic attributes

and (ii) advertising the study through radio and TV interviews, websites, email networks, posters, newspapers and other publications. Recruitment ended when interviews ceased to yield new and significant information (Sarantakos, 1994).

The final sample comprised 15 participants (14 females and one male) aged between 43 and 76. At the time of interview, seven participants were married or in de facto partnerships. Two participants were husband and wife, and two were in-laws. Seven were working, two were participants in Newstart, one received a Disability Pension and five were retired. Nine identified the problem gambler as a daughter or daughter-in-law; six identified the problem gambler as a son. In one case the problem gambler was still living at home. Details of participants' characteristics are listed in Table 1.

According to participants' reports, one problem gambler was interested in horse racing only. The remainder used electronic gambling machines (pokies) and, in some instances, took part in keno, bingo and lotteries. One participant believed that her daughter no longer gambled. Other participants knew, or surmised, that their child still gambled to excess, either regularly or episodically.

Table 1: Characteristics of Parents, Parents-in-law and the Identified Problem Gambler

Participant	Gender	Age	Job Status	Relationship with gambler	Gambling of concern
1	F	43	Employed	Son	Pokies
2	F	61	Newstart	Daughter	Pokies
3	M	63	Employed/FT	Daughter	Pokies
4	F	62	Employed/FT	Son	Pokies
5	F	48	Employed/FT	Son	Horses/Pokies
6	F	64	Retired	Daughter	Pokies
7	F	59	Disability Pension	Daughter-in-law	Pokies
8	F	50	Self Employed	Son	Pokies
9	F	76	Retired	Daughter	Pokies
10	F	47	Employed/PT	Daughter	Pokies
11	F	58	Retired	Son	Pokies
12	F	70	Retired	Daughter	Pokies
13	F	53	Employed P/T	Son	Pokies
14	F	56	Newstart	Daughter-in-law	Pokies
15	F	63	Retired	Daughter	Pokies

PT: Participant working part-time

FT: Participant working full-time

Data gathering

The in-depth personal interview was selected as the primary means of data gathering, on the basis that it would provide access to participants' lived experience and the meanings and representations given to this experience. Participants were encouraged to tell their story in their own way, with probes being used to elicit detail, clarify meanings and maintain the conversational flow. Certain topics were specified beforehand to ensure a degree of standardisation and efficient time use. These topics concerned the interpretation of gambling, the repercussions of gambling and participants' coping and help-seeking strategies.

Two interviews were conducted by telephone and the others were conducted face to face in locations chosen by participants. The duration of the interviews ranged from one to two hours. Issues regarding confidentiality and withdrawal were discussed at the outset. Completed interviews were audio-taped and their transcriptions were checked against the original tape-recordings. At the end of the interview, participants were asked if they wished to receive a summary of findings, and offered \$50 to cover expenses. Additional interviews and contacts by phone or email were arranged when participants had more to say and gave consent.

In addition, a summary of preliminary findings was mailed to participants as the study drew to a close. Participants were invited to give feedback and to raise further issues. Following Sparkes (1998), this procedure was primarily undertaken to gather extra data, but it also gave some indication as to how well the researcher's interpretations reflected participants' meanings. Five participants responded.

Data analysis

Thematic analysis commenced after the first interview and followed the inductive processes described by Braun and Clarke (2006). As these theorists point out, thematic analysis is not wedded to any pre-existing theoretical framework, and can be an essentialist or realist method "...which reports experiences, meanings and the reality of participants..." (p. 81). The thematic analysis aimed (1) to locate themes or patterns within the (entire) data set and (2) to delineate differences between participants.

The researcher began by reading all documents thoroughly and attaching preliminary conceptual labels (codes) to segments of the text. The codes were then collated and sorted into potential or candidate themes that were deemed to summarise the data well and to be meaningful in light of the research question. Through an additional process of discussion (see below), these candidate themes were reviewed, ordered and labeled.

Trustworthiness and rigour were buttressed by identifying themes that cut across different participants and data sources, as well as by documenting the decision trail and staying close to participants' words. To check that unrepresentative words and meanings were not attributed to participants, and to identify different interpretive possibilities, nascent categories and themes were discussed with professional peers who independently read and coded a random selection of transcripts. To help the reader engage in consensual validation, illustrative excerpts from the transcripts and insights from the gambling, family, and mental health literature were woven into the final report (see below).

Findings

The recognition and interpretation of adult children's gambling problems

Becoming aware of children's gambling

Gamblers' skill in hiding their activities is often noted in gambling literature (Paul & Townsend, 1998). It is thus unsurprising that some participants initially had no direct knowledge that their child was gambling, but rather, inferred that this was the case by piecing together various signs or clues. Two reported that the first indication of gambling was the ongoing and inexplicable disappearance of money and goods from the family home. Participants who knew their child had taken up gambling did not necessarily appreciate where this would lead. As one mother observed, she gradually grasped the implications of gambling when her daughter committed petty thefts and approached friends for loans. Another thought the gambling would be quickly reversed: "I just thought it was a case of... sort of saying to him, 'Well, why are you doing it?' And it will all go away" (p. 8).

Explaining the genesis and maintenance of the gambling

Most participants stated that they did not fully understand their child's compulsion to gamble. However, all advanced some explanatory propositions, either spontaneously or in response to questions. In general, they posited a range of triggering and maintaining factors, but did not consider the relative importance of these factors or how they might interact. Some referred to longstanding personality traits (e.g., their child's introversion and social ineptitude, tendency to obsession or desire for excitement). Some surmised that their child had a genetic propensity to gamble or was influenced by early life experiences (e.g., involvement with relatives who gambled). Others saw gambling as a survival strategy (e.g., a mechanism for blocking out emotional stress) or simply as a way of killing time. Three noted that the scale of the gambling reflected chance and opportunity (e.g., the child's acquisition of money through the federal government's baby bonus scheme, an inheritance or business income).

Consonant with literature suggesting links between gambling and other problems (Becona, Del Carmen Lorenzo, & Fuentes, 1996; Cunningham-Williams, Cottler, Compton, Spitznagel, & Ben-Abdallah, 2000; Rupcich, Frisch, & Govoni 1997; Spunt, Lesieur, Hunt, & Cahill, 1995), most participants indicated that their child's gambling co-occurred with and was fuelled by other problems. These problems included various forms of socioeconomic disadvantage along with mood and personality disorders, medical illnesses, intellectual disabilities and additional dependencies on alcohol and drugs. Five mentioned the gambler had attempted suicide on one or more occasions and two were concerned about the possibility of suicide in the future.

Apportioning blame and responsibility for the gambling

Participants' uncertainty regarding the origins and maintenance of gambling raised difficult questions about the gambler's capacity for choice and responsibility. Like the parents described in the mental health literature (Rose, Mallinson & Walton-Moss, 2002), some participants did express views about the gambler's competence in particular situations. The difficulties of judgment were well illustrated by one mother, who expressed outrage

over her son's behaviour on the one hand, and a belief that he had genuine lapses of self-control on the other: "And I have honestly believed him [the gambler] at different times, when he has talked about it, that there were periods there that he wasn't really on top of what he was doing..." (p. 5). A number of participants were protective; for example, one described how she and her husband tried to shield their disabled daughter from blame: "We say that she [the gambler] has an illness. We don't condemn her, and we don't like other people to" (p. 6). An older woman gave a guarded and factual account of her son's illicit business dealings and concluded with a generalised plea for tolerance: "We are just human beings after all, and let's love 'em [children] with their faults..." (p. 11).

Five parents speculated about the extent of their own responsibility. Two reviewed their childrearing practices at considerable length, but reached no clear-cut conclusion. As one of these conceded, she had possibly fostered dependency by "over-mothering" her son, but he had always received more than his fair share of attention and resources (p. 4).

The effects of adult children's gambling on parents and parents-in-law

Diminished enjoyment of life

As Pillemer and Suitor (1991) point out, evidence that adult children's dysfunction has detrimental effects on parental wellbeing comes from the mental health literature and the more general literature on family relations in later life. For example, children have been found to remain important to parents across the life cycle (Troll, 1971; Moss, Moss, & Moles, 1985) and parents have been found to assess their role performance in light of children's accomplishments and difficulties (Benedek, 1959, 1973; Grunes, 1984; Hagestad, 1986). Paralleling these findings, the parents and parents-in-law who participated in the present study reported strong emotional reactions to their children's gambling (see below). According to their accounts, gambling complicated and spoiled their lives in many ways, usurping their time and energy, as well as eroding their personal relationships and peace of mind. Nonetheless, they supported the gambler in various ways, and even when they saw no prospect of change, found it hard to disengage:

"I really don't want to be associated with him [the gambler]. I am ashamed of the way that he lives... But he is my son, you know. And every now and then, I'll go around there and I'll just call in, or visit" (p. 13). The general decline of enjoyment in life was highlighted by an older woman, who believed that the situations she and her husband confronted were not normal for their age group: "I mean, we are sixty-five. And you know, we should be able to sit back and just be there, and enjoy the family" (p. 6).

Physical and emotional stress symptoms

In line with earlier findings (Crisp et al., 2001; Franklin & Thoms, 1989; Lesieur, 1996; Lorenz & Shuttleworth, 1983; Lorenz & Yaffee, 1988), participants reported that stresses connected with gambling had triggered or exacerbated personal health problems such as depression, anxiety, over-eating, insomnia, dermatitis, asthma and high blood pressure. They also described a constellation of emotions including anger, frustration, resentment, disappointment, shame, indignation, love, pity, sadness, fear, apprehension, despair and empathic concern. The mixture and intensity of these emotions varied from individual to individual: "You worry where she's... or how she is going to cope, or where she is going to. Umm, although, who knows where she is going to end up? I mean, she has got kids to look after..." (p. 10); "It's so sad to see someone that is so lazy and lacking motivation, when deep down I think there is real ability. And it's just a waste of life." (p. 4); "And then, there's been times when I've wanted to kill him! I mean, absolutely, seriously kill him—for him not to be on this earth any more". (p. 5); "I feel so sorry for her" (p. 15).

Financial problems

All participants discussed the financial ramifications of gambling. Five helped the gambler by purchasing food, paying rent and dealing with credit card debts. One had wound up her son's business and dealt with creditors when he absconded. Two had given loans that were yet to be repaid. Three knew, or believed, that the gambler had stolen items from their home. The monetary losses participants described were occasionally considerable in dollar terms or were substantial in relation to their income. Two older women observed that the gambler's sponging and theft had diminished their ability to pay off their home and could potentially delay their retirement.

In terms of inheritance, two stated that they had cut the gambler out of their will, preferring to leave money in trust for their grandchildren. One had retained the gambler as a beneficiary but set limiting conditions on what he could do. Another was considering her options, but hesitated to treat her children differently.

Damage to the filial relationship

Findings regarding the nature of older parent-adult child relationships (Antonucci, Akiyama & Lansford, 1998; Clarke, Preston, Raksin, & Bengston, 1999; Silverstein, Parrott & Bengston, 1995) suggest that conflict and ambivalence often co-exist with affection, empathy and mutual support. Echoing these findings, all participants portrayed the gambler in complex and qualified ways. They acknowledged the gambler's achievements, talents and difficulties in life, but also suggested that gambling had altered the gambler's personality or brought unpleasant traits to the fore. A number suggested that the filial relationship was strained due to the loss of trust, respect and rapport. Predictably, concerns about gambling linked into wider concerns regarding the gambler's work habits, lifestyle, communication patterns, child-rearing practices and personal values.

Participants' tolerance of the gambling varied considerably. Two were especially mortified by what they perceived as the gambler's lack of willpower and ethics, and shocked by the gambler's indifference to their feelings and needs. They clung to the hope that the future would be different and struggled to effect change. In other instances, participants' comments suggested that conflicts over gambling and lifestyle in general had damaged the core of the filial relationship, curtailing social contact and intimate exchange. As one mother observed, her son chose not to disclose certain aspects of his life, and she refrained from enquiry. In an atypical positive account, another mother claimed that her daughter's multiple and incurable addictions created a special bond: "... she is the one that has needed me; she is the one that I love..." (p. 9).

Pressures on the marital or de facto partnership

Children's disabilities or dysfunction are reported to put pressure on the parental relationship, especially when parents are unequally invested in these children or cannot agree on the best way to cope (Heller, Hsieh, & Rowitz, 1997; Heineman,

1989). Consistent with this claim, three participants described their partner as unsupportive. One summarised her experience as follows: "My husband is always in denial with regard to the children. It's like, what's ugly there, he won't confront and face" (p. 13). More positively, four indicated that they and their partner were mutually supportive, despite certain differences in attitude and approach.

Effects on sibling relationships

In line with Lorenz's (1987) observations, two participants reported that their non-gambling children resented the turmoil and distress the gambler caused, as well as the attention and resources that the gambler received. However, six felt that sibling relationships were reasonably harmonious; indeed, one emphasised the willingness with which the gambler's siblings provided support. The credulity of the gambler's siblings was an issue for one participant, who reported that they had been exploited by the gambler and had not always appreciated her efforts to protect them.

Effects on extended family relationships

Gambling-related problems in extended family relationships distressed a number of participants. One participant had her own gambling problems, but spoke largely about her daughter-in-law, whom she suspected was once again gambling to excess. Her concerns related partly to her son, who seemed oblivious to his wife's relapse, and partly to her grandchildren, who were poorly fed when money was short. She wanted her daughter-in-law to seek treatment, but hesitated to press the point in case she gave offence and jeopardised contact with her grandchildren. A second participant discussed her son, who had gambled for eleven years and stolen money from his maternal grandmother and other family members. Although the amounts involved were quite large, he had never been charged. Her own siblings were angry about the thefts, and pressured her to make financial restitution, even though she had warned the victim in each case, and her son was fully adult. In a third case, a husband and wife focused on their daughter's gambling. They believed that gambling offered their daughter respite from domestic tensions and responsibilities, but placed pressure on her marriage. For six years they had provided practical, financial and emotional support, not only to their daughter, but also to her husband and children.

To their regret and dismay, their even-handedness was not replicated by their son-in-law's parents and siblings, who occasionally expressed anger towards their daughter through jibes and threats.

Responses to adult children's gambling

Level of involvement

Participants varied in their willingness and ability to help the gambler change. Three noted that they had limited scope to act because of their geographic separation from the gambler and one was reluctant to intrude. By contrast, eight indicated that they were the gambler's sole or primary caregiver. In general, participants' comments suggested that their willingness to become and remain involved was bound up with their feelings towards the gambler, the gambler's desire for their help, their concerns for the gambler's partner and children and their personal norms and values. In some instances, they could see no alternative, since the gambler lacked other sources of support, or was liable to make an irretrievable mistake: "I think he would have ended up in jail had I let him keep going on the rollercoaster he was" (p. 8).

Coping strategies

Consistent with previous findings regarding family members' responses to drug use (Orford et al., 1992; Velleman et al., 1993), participants described a range of coping strategies. All said they had taken steps to curb the gambling. Their strategies included: challenging the gambler's ideas in regard to the probability of winning; refusing requests for money; assuming control of the gambler's finances; helping the gambler to budget and set financial goals; retrieving the gambler from gambling venues; encouraging the gambler to pursue different interests; directing the gambler's attention towards family responsibilities and giving the gambler's partner support and advice. On occasions, they made tempered responses that exemplified care as well as control. For example, one mother purchased her son's car when he could not meet the repayment schedule, but blocked his access to credit at the same time. Most participants also described occasions when they had tolerated or facilitated the gambling. For example, one transported her daughter to the local casino and asked her other children for loans when her daughter was broke. In her view, her daughter was addicted and would gamble no matter what.

Predictably, participants' efforts to cope did not always bear fruit, and many described feelings of powerlessness and frustration. However, two also reported that they had changed their approach on the basis of experience, and now had a growing sense of competence and mastery.

Dilemmas in coping

Coping with the gambling was not easy for participants, who reported a variety of problems and quandaries. One stated that she did not know what to do. Others encountered resistance—either from the gambler or different family members—and struggled to act without destroying family harmony and goodwill. Several wanted to confront the gambler, but hesitated to do so: "But what really frightens me... if we put the pressure really on him [the gambler] to pay me and to start being responsible, is he going to try and suicide again?" (p. 4).

Formal and informal help-seeking

All participants encouraged the gambler to seek formal help. Some tried to locate suitable services and were successful, not only in motivating the gambler to attend, but in being included in the treatment process and having their own voice heard. On the other hand, five expressed feelings of disappointment and frustration with particular services or service providers. One struggled to accept the limitations of services: "I kept getting told, like, nothing is going to help until he [the gambler] wants to do it. And I didn't want to accept that either" (p. 8). Another felt marginalised by service providers, and questioned the principle of confidentiality on the grounds that her son would not tell the truth. A third queried the efficacy of group treatment when her daughter began to make social comparisons and argued that relapse was "the norm" (p. 12).

Eleven participants sought formal help for themselves. Most relied on mainstream health providers such as general practitioners, psychiatrists and counsellors. Some shared appointments with the gambler. Several used specialist gambling or disability services; for example, two took part in the educational and counselling programs provided by Holyoake Tasmania.¹ In addition, most sought advice and emotional relief by talking informally to their children, other family members, friends and/or work colleagues. Two also drew significant support from members of their church. As a group,

they noted various obstacles to self-disclosure, referring to stigma, family privacy, the value of self-reliance and the need to preserve the gambler's public reputation. Unsurprisingly, their comments suggested that confidantes were carefully selected and sounded out before intimate revelations were made. As one participant observed, she spoke only with her mother, who was discreet and able to give good advice because she knew the gambler well.

Discussion and Recommendations for Further Research

Findings from the present study confirm and add to the body of knowledge regarding the impact of an adult child's problem gambling on family members. In essence, they suggest that the lives of parents and parents-in-law are disrupted and diminished by an adult child's gambling; however, these family members may nonetheless feel love and concern for the gambler and provide ongoing help and care. The value of informal help and care is already emphasised in the addictions and mental health literature. As Moos (1994) points out, relatively stable factors in people's lives, such as informal help and ongoing social resources, are more likely to facilitate recovery than transitory contacts with formal helpers.

In addition, findings from the present study give some indication as to how parents and parents-in-law respond to an adult child's gambling problems. With reference to service provision, they suggest that parents and parents-in-law may seek formal help for the gambler rather than themselves, and may contribute to the gambler's care by locating suitable services and monitoring their impact. The findings also suggest that, in some instances at least, these family members may wish to be involved in the gambler's treatment. Once again, these possibilities are discussed in the addictions and mental health literature. Clinical dilemmas are recognised by a number of writers; for example, Grant Kalischuk et al. (2006) observed that engaging the gambler in treatment and reducing gambling behaviour will often need to be posited as secondary goals for family members, who can only change their own behaviour and trust that this will have reverberating effects.

In terms of benefits, the present study provides a platform for the development of community

education and clinical training programs, as well as suggesting topics for further research. One important topic is how the formal service system can best assist extended family members. At present, we know little about the socio-demographic characteristics of extended family members who use formal services, the problems they disclose and their preferences in regard to treatment or support. Likewise, we know little about the skills and knowledge of different service providers. As noted by Orford (1994), some family members contact generalist services, and, in these contexts, a family addiction problem may go unnoticed. Larger and better-controlled studies are obviously needed to tease out some of the factors affecting family members' experiences, attitudes and behaviours. Due to sample limitations and the confounding of variables in this instance, many questions regarding gender and family role effects could not be properly explored.

A number of methodological issues need to be noted in conclusion. Specifically, the study relied on a volunteer sample, and, with one exception, all participants were female. A preponderance of women is usual in volunteer samples (Locke, Silverman, & Spirduso, 1998). In this case, women's

readiness to volunteer may reflect the nature of their relationship with the gambler; for example, studies suggest that mothers' relationships with children are more intense than fathers' over the life cycle (Hagestad, 1986; Rossi & Rossi, 1991; Umberson, 1989) and that children's psychological problems generate more distress in middle-aged mothers than in middle-aged fathers (Cook, 1988; Cook & Cohler, 1986). Data for the study took the form of self-report and was taken at face value. However, the veracity of self-reports is open to question given that people's honesty and candour cannot transcend their own clarity and level of self-understanding (Benner, 1984). In terms of strengths, the study used a variety of recruitment techniques rather than relying on a clinical population, as many previous studies have done. Its analysis derived from a limited number of narratives; these were rich, and sufficient to indicate commonalities and differences in experience and understanding. The absence of other literature also justified a relatively simple and descriptive piece of research. In summary, the study makes a small but useful contribution to our knowledge base, emphasising once again that problem gambling has ripple effects on various family members.

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End note

- 1 Holyoake Tasmania Inc. assists people affected by a family member's addictive behaviours, offering programs that comprise awareness raising, group work and individual counselling.

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